

☐ Parent ☐ Tribe ☐ Indian Custodian

- ☐ Adoption agency ☐ Adoption service provider

- Telephone number:
E-mail address:

6. Date of next hearing:	Dept:	Time:	Type of hearing:
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- ☐
- Located at above address
- ☐
- Other:

CASE NAME: _____	CASE NUMBER:
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7. UNDER THE INDIAN CHILD WELFARE ACT AND CALIFORNIA LAW:

- a. The biological or adoptive parents, any Indian custodian, and the child's tribe have the right to be present at all hearings.
- b. The biological or adoptive parents, any Indian custodian, and the child's tribe have the right to intervene in the proceedings.
- c. If the parents or custodians have a right to be represented by a lawyer and if they cannot afford to hire one, a lawyer will be appointed for them.
- d. The date, time, and place of the hearing are on the first page of this form.
- e. The recipient of this notice is requested to provide confirmation of the child's Indian status to the social worker or service provider listed in item 5 on page 1.
- f. If all other notices required by law have been provided to an Indian tribe, the Indian tribe receiving the prior notices is encouraged to provide notice to the department of social services and to the licensed adoption agency or adoption service provider no later than five calendar days prior to the date of the final adoption hearing, indicating whether or not it intends to intervene in the proceeding, either on its own behalf or on behalf of a tribal member who is a relative of the child.

8. a. INFORMATION ON CHILD WHO IS THE SUBJECT OF A VOLUNTARY ADOPTION PROCEEDING
(Indicate if any of the information requested below is unknown or nonapplicable.)

Attach any information that might be of assistance in determining the child's Indian status, including names and addresses of extended family members who may have Indian heritage.

<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
Name (include maiden, married, and former or aliases):		Name (include maiden, married, and former or aliases):	
Current and former addresses:		Current and former addresses:	
Birthdate and place:		Birthdate and place:	
Tribe, band, and location:		Tribe, band, and location:	
If available, provide enrollment number or BIA/tribal agency:		If available, provide enrollment number or BIA/tribal agency:	
If deceased, date and place of death:		If deceased, date and place of death:	
Additional information:		Additional information:	

CASE NAME: 	CASE NUMBER:
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8. b. INFORMATION ON CHILD WHO IS THE SUBJECT OF A VOLUNTARY ADOPTION PROCEEDING
(Indicate if any of the information requested below is unknown or nonapplicable.)

<input type="checkbox"/> Maternal <input type="checkbox"/> Grandmother <input style="margin-left: 100px;" type="checkbox"/> Paternal <input style="margin-left: 100px;" type="checkbox"/> Grandfather	<input type="checkbox"/> Maternal <input type="checkbox"/> Grandmother <input style="margin-left: 100px;" type="checkbox"/> Paternal <input style="margin-left: 100px;" type="checkbox"/> Grandfather
Name <i>(include maiden, married, and former or aliases):</i>	Name <i>(include maiden, married, and former or aliases):</i>
Current and former addresses:	Current and former addresses:
Birthdate and place:	Birthdate and place:
Tribe, band, and location:	Tribe, band, and location:
If available, provide enrollment number or BIA/tribal agency:	If available, provide enrollment number or BIA/tribal agency:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:
<input type="checkbox"/> Maternal <input type="checkbox"/> Grandmother <input style="margin-left: 100px;" type="checkbox"/> Paternal <input style="margin-left: 100px;" type="checkbox"/> Grandfather	<input type="checkbox"/> Maternal <input type="checkbox"/> Grandmother <input style="margin-left: 100px;" type="checkbox"/> Paternal <input style="margin-left: 100px;" type="checkbox"/> Grandfather
Name <i>(include maiden, married, and former or aliases):</i>	Name <i>(include maiden, married, and former or aliases):</i>
Current and former addresses:	Current and former addresses:
Birthdate and place:	Birthdate and place:
Tribe, band, and location:	Tribe, band, and location:
If available, provide enrollment number or BIA/tribal agency:	If available, provide enrollment number or BIA/tribal agency:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:

CASE NAME: 	CASE NUMBER:
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8. c. INFORMATION ON CHILD WHO IS THE SUBJECT OF VOLUNTARY ADOPTION PROCEEDING
(Indicate if any of the information requested below is unknown or nonapplicable.)

<input type="checkbox"/> Maternal <input type="checkbox"/> Great-grandmother	<input type="checkbox"/> Paternal <input type="checkbox"/> Great-grandfather	<input type="checkbox"/> Maternal <input type="checkbox"/> Great-grandmother	<input type="checkbox"/> Paternal <input type="checkbox"/> Great-grandfather
Name <i>(include maiden, married, and former or aliases):</i>		Name <i>(include maiden, married, and former or aliases):</i>	
Current and former addresses:		Current and former addresses:	
Birthdate and place:		Birthdate and place:	
Tribe, band, and location:		Tribe, band, and location:	
If available, provide enrollment number or BIA/tribal agency:		If available, provide enrollment number or BIA/tribal agency:	
If deceased, date and place of death:		If deceased, date and place of death:	
Additional information:		Additional information:	
<input type="checkbox"/> Maternal <input type="checkbox"/> Great-grandmother	<input type="checkbox"/> Paternal <input type="checkbox"/> Great-grandfather	<input type="checkbox"/> Maternal <input type="checkbox"/> Great-grandmother	<input type="checkbox"/> Paternal <input type="checkbox"/> Great-grandfather
Name <i>(include maiden, married, and former or aliases):</i>		Name <i>(include maiden, married, and former or aliases):</i>	
Current and former addresses:		Current and former addresses:	
Birthdate and place:		Birthdate and place:	
Tribe, band, and location:		Tribe, band, and location:	
If available, provide enrollment number or BIA/tribal agency:		If available, provide enrollment number or BIA/tribal agency:	
If deceased, date and place of death:		If deceased, date and place of death:	
Additional information:		Additional information:	

CASE NAME: 	CASE NUMBER:
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INFORMATION ON CHILD WHO IS THE SUBJECT OF A VOLUNTARY ADOPTION PROCEEDING
(Indicate if any of the information requested below is unknown or nonapplicable.)

9. ☐ Birth father is named on birth certificate. ☐ Unknown
10. ☐ Birth father has acknowledged paternity. ☐ Unknown
11. ☐ There has been a judicial declaration of paternity. ☐ Unknown
12. ☐ Other alleged father (*name each*):

The following optional questions may be helpful in tracing the ancestry of any person alleging Indian descent.

13. Have you or any of members of your family ever:

- a. Attended an Indian school? ☐ Yes ☐ No ☐ Unknown

Name/relationship	Type of school	Dates attended	Location of school

- b. Received medical treatment at an Indian health clinic or U.S. Public Health Service hospital?

☐ Yes ☐ No ☐ Unknown

Name/relationship	Type of treatment	Dates treatment received	Location where treatment received

- c. Lived on federal trust land, a reservation or rancheria, or an allotment? ☐ Yes ☐ No ☐ Unknown

Name/relationship	Name and address	Dates

14. Tribal affiliation and location (*check any that apply*).

- a. ☐ 1906 Final Roll Name of relative: _____

The 1906 Final Roll was prepared by the Dawes Commission. Individuals who allege to be of Chickasaw, Creek, Cherokee, Choctaw, or Seminole ancestry from Oklahoma must provide the name of a relative who is listed on this final roll.

- b. ☐ Roll of 1924 Name of relative: _____

The Roll of 1924 relates to the Eastern Band of Cherokees who were from states other than Oklahoma (such as North Carolina, Georgia, Mississippi, or another southeastern state). Individuals who allege to be of Eastern Cherokee descent must provide the name of a relative listed on the Roll of 1924.

- c. ☐ California Judgment Roll Roll number, if available: _____

CASE NAME: 	CASE NUMBER:
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CERTIFICATE OF MAILING

(To be completed by social worker, probation officer, or clerk of juvenile court)

I certify that a copy of the *Notice of Voluntary Adoption Proceedings for an Indian Child*, with a copy of the adoption petition, was mailed as follows. Each copy was enclosed in an envelope with postage for registered or certified mail, return receipt requested, fully prepaid. The envelopes were addressed to each person, tribe, or bureau as indicated below. Each envelope was sealed and deposited with the United States Postal Service at *(place)*:
on *(date)*:

Date:

Title:

Department:

 (TYPE OR PRINT NAME)



 (SIGNATURE)

This form and any return receipts must be filed with the court.

List all persons, tribes, or agencies provided notice with the full mailing address *(attach extra sheets if necessary)*: